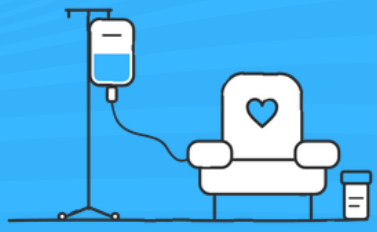
FAMILY CAREGIVER TIP SHEET

Accessing Injectable and Infused Medicines Through Medicare



Injectable and infused medicines can be an important part of treatment for many serious and chronic conditions. But understanding **which part of Medicare covers the medicine, where it can be administered, and what you may have to pay** can be confusing.

Use this guide to ask the right questions, avoid unexpected costs, and help your loved one access prescribed treatment.

Know the Basics: Part B vs. Part D

How a medicine is administered can affect which part of Medicare covers it.

B Medicare Part B

Part B generally covers many injectable and infused drugs administered by a healthcare provider in a doctor's office, clinic, or other outpatient setting. It can also cover certain medications administered through Medicare-covered durable medical equipment, such as an infusion pump.

With Original Medicare, you generally pay **20% of the Medicare-approved amount** for covered Part B drugs after meeting the Part B deductible.

D Medicare Part D

Part D covers many prescription drugs that Part B does not. This can include some medications you or your loved one administers at home, including certain injectable medicines.

Each Part D plan has its own **formulary**, or list of covered drugs, and may have requirements such as prior authorization or step therapy.

Important: An injectable medicine is not automatically covered by Part B simply because it is an injection. Coverage depends on the medicine, how it is administered, where it is given, and the type of Medicare coverage your loved one has.

Where the Medicine Is Given Matters

The same or similar medicine may be covered differently depending on where and how it is administered. Ask whether the medicine will be:

- Given in a doctor's office
- Administered at an outpatient infusion center
- Given in a hospital outpatient department
- Administered at home
- Self-injected by your loved one or a caregiver
- Delivered through an infusion pump or other medical equipment

For eligible therapies, Medicare Part B may cover certain home infusion equipment, supplies, and services, including some nursing visits, caregiver training, and patient monitoring.

5 questions to ask before treatment

Before treatment begins, ask:

1. Which part of Medicare covers the medicine: Part A, Part B, or Part D?
2. Where can the medicine be administered under the coverage?
3. Is prior authorization or another approval required?
4. What will we have to pay out of pocket?
5. Who will handle the insurance paperwork and approval?

Getting answers in advance can help prevent delays and unexpected bills.

Check Prior Authorization

Some Medicare drug plans require prior authorization before covering certain medications. The prescriber may need to provide information showing that the medicine is medically necessary and that the patient meets the plan's requirements.

If authorization is required:

- Ask who will submit the request.
- Find out whether it has been approved before treatment begins.
- Ask how long approval is expected to take.
- Keep copies of approval letters and authorization numbers. If coverage is denied, ask about an exception or appeal.

Caregiver tip: Keep a paper or electronic folder with insurance information, authorization numbers, treatment schedules, bills, and correspondence.

Confirm the provider and facility

Before scheduling an infusion, ask:

> "Is this provider and facility enrolled in Medicare, and will Medicare cover this medicine and its administration at this location?"

If your loved one has a Medicare Advantage Plan, coverage rules, provider networks, prior authorization requirements, and costs may differ from Original Medicare. The plan must provide at least the coverage offered by Original Medicare, but it may have different rules for accessing services.

If the medicine is self-administered

Medicare may treat medicines a person normally gives themselves differently from medicines administered by a healthcare professional.

For example, Part B generally does not cover most self-administered drugs received in a hospital outpatient setting. A Medicare drug plan may cover some of these medicines under Part D, depending on the circumstances and the plan's rules.

> ? If your loved one is told they may have to pay for a medicine, **ask why it isn't covered and whether another Medicare benefit may apply** before paying the full amount.

Home infusion: ask about the full picture

For eligible therapies, home infusion may allow your loved one to receive treatment without traveling to a hospital or clinic. Ask:

- Is the **medicine** covered?
- Are the **pump and equipment** covered?
- Are **supplies** such as tubing and catheters covered?
- Is nursing support covered?
- Is caregiver training covered?
- Who supplies and delivers the medication?
- What will we owe?

> ? Remember that coverage for the **medicine** and coverage for the **equipment and services used to administer it** may involve different Medicare rules.

Keep track of each medicine

Use a simple record for every injectable or infused medicine:

Medication _____

Why prescribed _____

Dose/frequency _____

How administered _____ Where administered _____

Medicare benefit Part A / Part B / Part D

Prior authorization _____ Authorization number _____

Provider/facility _____ Expected out-of-pocket cost _____

Next treatment date _____

Questions or concerns _____

Keeping this information together can make conversations with healthcare providers, pharmacists, insurers, and Medicare easier.

If you get a denial or unexpected bill

A denial does not necessarily mean you have no options. First ask:

> "Why wasn't this medicine or service covered?"

Then find out:

- Was it billed under the wrong Medicare benefit?
- Was prior authorization required?
- Was the provider or facility out of network?
- Was the medicine not on the plan's formulary?
- Was the claim submitted correctly?
- Is an exception or appeal available?

Caregiver checklist

- [ ] Know whether your loved one has Original Medicare or Medicare Advantage.
- [ ] Ask where the medicine can be administered.
- [ ] Confirm that the provider and facility participate in Medicare or the appropriate Medicare Advantage network.
- [ ] Ask whether prior authorization is required.
- [ ] Confirm coverage before treatment begins.
- [ ] Ask for an estimate of out-of-pocket costs.
- [ ] Find out who will handle insurance paperwork.
- [ ] Keep copies of authorizations, claims, bills, and correspondence.
- [ ] If coverage is denied, ask about an exception or appeal.
- [ ] Keep your loved one's medication list up to date.

Remember

Don't wait until the first infusion or injection to find out how it will be covered. Ask about coverage, where treatment can be administered, prior authorization, and costs before treatment begins.

Medicare coverage can depend on the **specific medicine, how and where it is administered, and the type of Medicare coverage** your loved one has.

Helpful Medicare resources

MEDICARE.GOV
Prescription Drugs (Outpatient)

MEDICARE.GOV
Home Infusion Therapy

MEDICARE.GOV
How Do Drug Plans Work?

MEDICARE
1-800-MEDICARE (1-800-633-4227)

This tip sheet is for educational purposes and is not a substitute for individualized advice from Medicare, a health plan, pharmacist, or healthcare provider.